

454 6/22/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445130	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2013
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 34 GRACEY ST SPARTA, TN 38583	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the fire and smoke barriers.</p> <p>The findings included:</p> <ol style="list-style-type: none"> On 5/6/13 at 6:45 AM, observation within the mechanical room next to the main hall #1 area revealed there was a one inch penetration in the corridor wall. On 5/6/13 at 9:30 AM, observation within the ceiling area above the Station #3 Long Hall revealed a penetration in the header wall over the fire doors. On 5/6/13 at 9:45 AM observation within the ceiling area above the Station #1 Long Hall revealed penetrations at the ends of two- 3/4" diameter conduit pipes. 	K 025	<p>K025 – Penetration of smoke barriers.</p> <p>On 5-6-13 the penetration in the mechanical room next to the main hall #1, the ceiling area above Station # 3 Long Hall and the ceiling area above the Station #1 Long hall were all sealed. On 5-15-13 Maintenance department partners were in-serviced on penetrations in fire walls. Maintenance Director will monitor penetrations in fire walls weekly x 8. Findings of the quality assurance monitors will be reported by the Administrator to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p>	5-15-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Bo Step

Administrator

5-15-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 17 2013

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K 025	Continued From page 1 These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/6/13.	K 025			

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